Comments: THE AMERICAN TELEMEDICINE ASSOCIATION'S PETITION FOR RECONSIDERATION OF THE RURAL HEALTH CARE SUPPORT MECHANISM SECOND REPORT AND ORDER

RE: WC Docket No. 02-60

On behalf of Faith Regional Health Services and the ten hospitals and three health departments that are connected through us to access the Nebraska Statewide Network (NSTN), we appreciate this opportunity to submit our comments. These comments are in response to the March 13, 2007, request for comments from the FCC in regard to the matter of The American Telemedicine Association's Petition for Reconsideration of the Rural Health Care Support Mechanism Second Report and Order (WC Docket No. 02-60).

Currently the Nebraska network consists of 88 Nebraska hospitals connected across the state in a Hub and spoke network to provide hospital to hospital connectivity. This network virtually came together with the approximate $2.5 million support provided by the Federal Universal Services Funding. The Federal Funding provides a large portion of the funding with additional support from the Nebraska Universal Services Funds. This has made it possible for the rural hospitals to be a part of this network. The Nebraska Center for Rural Health Research has indicated that the single greatest limitation on the use, expansion and sustainability over a long term in Telehealth is the ongoing line charges and connectivity issues. With the ongoing participation in payment from the Federal Universal Services Fund, the Nebraska Universal Services Fund and the individual hospitals, the NSTN has been able to provide this connectivity and share services previously unavailable to many of the rural communities. Without the Federal Universal Services funding, this would not be the reality it is today.

Statistical data collected demonstrates the value and continued growth of this network to the state of Nebraska. In 2006 over 25 clinical areas were documented with approximately 700 consultations. Administrative meetings and education demonstrated travel time saved in salary amounts of $1,662,161 to the collective hospitals along with mileage costs saving of $1,645,330. The NSTN activities and benefits continue to increase in 2007.

We understand the new definition of rural, defined by the Second Order to be as follows:

a) If an area is outside of a Core Based Statistical Area (CBSA), it is rural and no further determination needs to occur.
b) If an area is within the CBSA, it can be either rural or non-rural, depending on the characteristics of the CBSA:

1. If a CBSA does not contain an urban area with a population of 25,000 or more, the site is rural and no further analysis is needed.
2. If the census tract contains any part of a place or urban area with a population greater than 25,000 then the census tract is not rural

While the new definition may have improved the eligibility of many counties to participate in the Universal Services Rural Health Care Division (RHCD) subsidies, a significant number of rural communities are now considered ineligible for RHCD after the application of the new guidelines. We respectfully request that the new definition of rural need not be changed, but that sites eligible as of the date of the Second Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, December 2004, be grandfathered for an indefinite period to allow sites currently defined as rural to continue eligibility for application of the Federal Universal Services Funding.

In Nebraska, many areas (as described in 2) are not considered rural, however, they have a critical access hospital, community hospital, and/or a federally-qualified health center. Without the grandfathering of the "about to be ineligible" sites, the new definition of rural will have a huge negative affect on the delivery of healthcare throughout the state of Nebraska. Under the new definition of rural decreasing the population stipulation from 50,000 to 25,000, three of the seven hub hospitals will no longer be eligible for funding through RHCD/USF. These hub sites in Norfolk, Kearney and Grand Island not only provide other rural facilities in their region with connectivity to the NSTN, but also access to specialty services, continuing education and ongoing technical assistance. In addition to these hub sites, the community hospital in Fremont will lose eligibility. All of these sites are critical to maintaining the current viability of the NSTN and the continued future growth.

While the intent of implementing the new definition of rural was to improve access to RHCD/USF for rural patients and providers, we need assurance that the current limitations do not exclude the existing health care providers and patients.

We respectfully request that the FCC universally grandfather all current eligible rural sites with no ending date

Respectfully submitted,

Sally McKenzie
Director of Outreach & Medical Staff Development
Faith Regional Health Services
1500 Koenigstein Ave
Norfolk, NE 68701

On behalf and for participants of the Nebraska Statewide Telehealth Network